

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		7		7			58				
9		8		7			59				
10		8		7			60				
11	1		1				61				
12	1		1				62				
13	1		1				63				
14	1		1				64				
15	1		1				65				
16							66				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6		6				TOTAL IND.				
TOTAL DEP.		27					TOTAL DEP.				
TOTAL CLAIMS			33				TOTAL CLAIMS				